

EXHIBIT Q



ALBANY COUNTY
BUREAU OF CORRECTIONS
Jail Healthcare Services

Mental Health Referral
Form must be complete and legible.

Demographics

Inmate Name: Offendo, John DOC: 6935
 DOB: [REDACTED] Gender: Male Location: Intake
 Date/Time of Referral: 3-26-16 Referred by: (Print)

Teresa Latham, RN

Patient Current Housing Location: Intake

Is the patient currently on Suicide Precautions: No

Reason for referral: (Choose all that apply)

☐ Suicidal Ideation

☐ Prior Suicide Attempt(s)

☒ Prior Mental Health History

☒ Psychotropic Medication

☐ Patient Request

☐ Other: _____

Comments: Describe below and/or

☐ See attached Intake Screen

☐ See attached Mental Health Screening

☐ See attached NET/MET

Comments

Referral Classification

☐ Emergent
(within 24 hours)

☐ Urgent
(within 48 hours)

☐ Routine
(within 72 hours)

☐ Mental Health Evaluation
(within 14 days)

Client population
see history 3-26-16
Chick Jern

Received by Mental Health Staff

Print Name: Ruth HARRISON

Title: MHS

Date/Time: 12:00 3-26-16